

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/890047

FILING DATE

APPLICANT(S)

CLAIMS

IND.	DER.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DER.	*	*	*
		IND.	DER.	IND.	DER.	IND.	DER.					
1								51				
2								52				
3								53				
4								54				
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42								92				
43								93				
44								94				
45								95				
46								96				
47								97				
48								98				
49								99				
50								100				
TOTAL IND.	1							TOTAL IND.				
TOTAL DER.	40							TOTAL DER.				
TOTAL CLAIMS	41							TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS